

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume LVI

Number 7

OCTOBER, 1986



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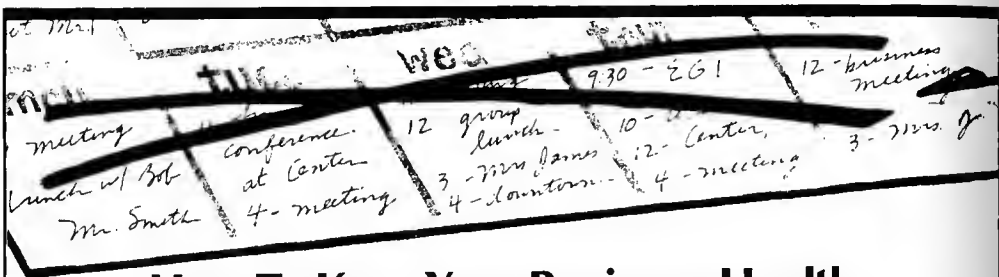
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1986 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1986

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 14	Mar. 18	May 20	Sept. 16	Nov. 18	Dec. 16

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From the Desk of the President



The bottom line mentality has evolved in the 1980's. Cut out the details and provide the profit estimates only. In the case of hospitals: cut out the comforts, do the bare minimum to provide adequate care, and maintain that profit. The managers of health care must have that concern and are forced to make courageous and unpopular decisions to survive.

In the course of that survival, however, many losses have been incurred. People are becoming less concerned about the loss of intangibles which have participated with the scientific aspects of medicine to make it one of the most prestigious professions in the world. The loss of loyalty, credibility and compassion are only examples of some of the *high touch* aspects of our society that kept pace with the high tech ones.

For example, recently when a local hospital bypassed usual credentialing procedures to accommodate a physician with a high volume practice, the rest of the staff was highly insulted. After years of dedication to the hospital, they could not receive the same attention the new staff member would receive, being here only a short time. Though the hospital did this with good intention to improve its utilization productivity and maintain their market share they lost staff loyalty in the meantime. Physicians are now drawing away from the hospital-oriented mentality and are trying to improve their health care delivery in independent ways. At least up to this point in time, staff loyalty has been necessary for a hospital community to progress.

When the bottom line mentality prevails, hostility is generated between management, physicians and staff. Cooperation to improve patient care deteriorates as each party trying to independently protect themselves. Unfortunately, when one is in a closed rather than an open stance, credibility becomes suspect. One's efforts to reach out becomes undermined. When you lose credibility, financial success itself becomes a high price to pay.

Compassion in medicine must continue to be a cornerstone just as research, technology, management and training. Without the intangibles, medicine becomes just another job. Medical entrepreneurs should be highly criticized if they develop medical production lines without taking the time to deal with each patient as an individual. The president of the Medical Society should attempt to be a throttle to those who promote uncompassionate bottom lines.

(Continued on Page 172)



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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Editorial:

SNAKE OIL SALESMAN

I receive Blue Cross / Blue Shield hospitalization insurance as a benefit from Youngstown Steel Door Company, where I am a Medical Director. Recently the company implemented a "Cost Management" program, whereby pre-admission review is mandatory prior to hospital admission, with pre-determined length of stay; mandatory second surgical opinion on fourteen common operations; and automatic implementation on hospitalized patients of review of stay, for the purpose of minimalization of hospital time.

I suppose that the Blues will save substantial sums in smaller payouts, and those savings can then be used to continue subsidizing their expansion of Health Maintenance Organizations. No doubt the company is also given some cost reductions in premiums. Employees would need to accept the new restrictions in the same manner as they did a deductible and co-insurance cost that was initiated last year, by acquiescing to the company's scrimping on every penny.

Irk some enough as this is, I found myself incredulous in reading the information pamphlet passed out by Community Mutual Insurance Company, administering Blue Cross / Blue Shield, "helping you use your health care dollars wisely".

The restrictions are "a bright new idea that benefits you" - "by taking an active part in health care decision-making, you'll become a smarter health care user", and "in a way, having Cost Management is like having a personal care consumer advisor!!"

Pre-admission review with length of stay as we all know can cause delays, increased unnecessary paperwork, unneeded time spent arguing with poorly-trained non-physician clerks, inappropriate denials, detrimental early discharges, further rounds of frustration if extensions of length of stay are required, and mental energy used for bureaucracy rather than for patients.

Nonetheless in the extremely attractive packet supplied by Community Mutual we are assured that their review panel would never "question your physician's medical judgment". Instead I might be "spared the discomfort of a weekend hospital stay", or since "no one wants to spend more time

(Continued on Page 172)

From the Desk of the President . . .

(Continued from Page 170)

Medical managers, non-physician personnel and physicians themselves must continue to improve the productivity and profit oriented efforts as, ultimately, the community benefits. If they don't include the intangibles in the bottom line, however, they are building a skyscraper without cement.

Editorial:

(Continued from Page 171)

in the hospital than absolutely necessary", I could receive the benefit of being kept "out of the hospital entirely" whenever medically possible. Naturally I will feel better given "the assurance that I'm helping to hold down the high cost of health care".

Mandatory second surgical opinion I suppose is cost-effective, but one wonders how many variant opinions are offered to patients with large inguinal hernias or symptomatic gallstones or blinding cataracts or severely degenerated knees or hips or anginal high-grade triple-vessel coronary artery stenotic lesions or breast cancers. Second opinion is required for all of these. How many patients are deterred from surgery by the waits and paperwork involved? If the second opinion disagrees with the first, or if not gotten, "the decision whether to have surgery is, of course, still yours to make", you just won't be reimbursed.

So now I am able to "make informed, cost-effective decisions about my health care needs." After all, the insurance company assures me that the reason for all this is "to make Cost Management benefit me". In view of Community Mutual's success with their programs, I can think of another area for the company to get into - they should take over Public Relations for the Internal Revenue Service. Perhaps then paying taxes will "be a bright new idea that benefits you" as well.

Emil S. Dickstein, M.D.

In Memoriam

VERNON L. GOODWIN, M.D.

1911 - 1986

Dr. Vernon L. Goodwin, 75, died September 20, 1986 at Indian River Memorial Hospital, Vero Beach, Florida, after a long illness. He was an Otolaryngologist.

Dr. Goodwin was born in Youngstown and received his undergraduate and his medical degree from Western Reserve University. He interned at Youngstown Hospital Association and had a residency at Bellevue Hospital in New York.

He was a member of the Staff at St. Elizabeth Hospital Medical Center prior to his retirement. He was president of the Mahoning County Medical Society in 1952. Dr. Goodwin was a member of the American Board of Otolaryngology, the Cleveland Otological Club, the Pittsburgh Otological Society, the American Academy of Otolaryngology, the American Otorhinologic Society for the Advancement of Plastic and Reconstructive Surgery, the American Medical Association, and Ohio State Medical Association. In 1985, he received an award from OSMA for 50 Years In Medicine.

SOCIETY APPROVES RESIDENT MEMBERS

The general meeting of the Mahoning County Medical Society was held Tuesday, Sept. 16, 1986 at Anasto's Restaurant in Mineral Ridge, with Dr. Richard A. Memo, president presiding.

The meeting was called to order at 7:45 p.m. and Dr. Memo immediately introduced a special feature, Stephanie, an exhibitor of anatomical gyrations, who presented a traditionally Greek dance.

It was then regularly moved, seconded and approved to dispense with the reading of the minutes of the May meeting of the Society.

Dr. Memo introduced Dr. Fredric D'Amato, who is an independent candidate for the Ohio State Senate from the 33rd District. Dr. D'Amato spoke briefly about why it would be advantageous to have someone from the medical community representing the district in Columbus. It was noted from the floor that Dr. Fulks is running for Congress.

The names of the following applicants for resident membership were presented and approved:

Bruce Berens, M.D.
Stephanie Bisko, M.D.
James J. Botsko, M.D.
Kevin L. Campbell, M.D.
Kenneth J. Carbone, D.O.
M. Denice Gebetsberger, D.O.
Antoine E. Chahine, M.D.
Michael L. Gregg, M.D.
Kyung Mo Han, M.D.
Christopher M. Hughes, M.D.
Issa F. Khouri, M.D.

Robert L. Kunkel, M.D.
Randal J. Lewis, M.D.
G. A. Matteucci, M.D.
Sanjeev Sabharwal, M.D.
Najeeb S. Shake, M.D.
Corydon W. Siffring, M.D.
Gerald E. Snyder, M.D.
Roger P. Thomas, M.D.
Robert T. Wilder, M.D.
Michael Zirille, D.O.

Dr. Memo introduced James Lang, James Keating and Ed Hassay of the Gluck Agency and Mr. Lang spoke on the difference between "occurrence" coverage and "claims made" coverage. He assured the members that those members of OSMA who have PICO coverage will continue to have "occurrence" coverage. In response to a question from the floor, Mr. Lang stated he felt reasonably certain the rates for PICO coverage will remain as they are for two years.

With no further business to come before the assemblage, the meeting was adjourned at 9:20 p.m. and some members remained for the social portion of the evening.

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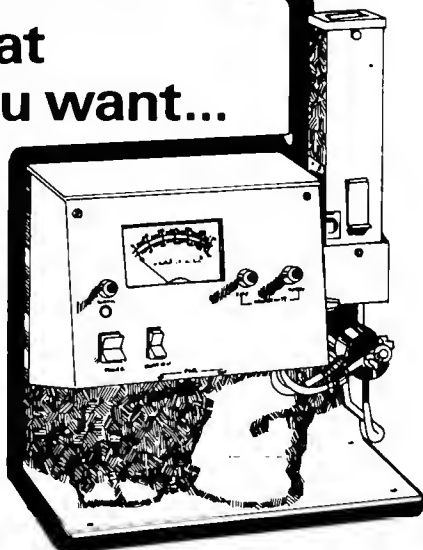
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PROCEEDINGS OF COUNCIL**Sept. 9, 1986**

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, Sept. 9, 1986 at the Youngstown Club.

The meeting was called to order at 7:30 p.m. by Dr. Memo. The minutes of the June meeting, having been read, were approved.

The treasurer's report included the names of 12 members who have not yet paid their 1986 membership dues. It was noted that several of the 12 have left the area. The report also included a financial report and a bills list. A motion was made, seconded and passed to accept the report and pay each and every bill.

The following applications for membership were presented:

ACTIVE:	Nicholas P. DePizzo, D.O.	Lester R. Melnick, D.O.
ASSOCIATE:	John J. Buckley Jr., M.D.	Eric W. Svenson, M.D.
	Armond L. Minotti, D.O.	Louis S. Lyras, M.D.
	Bruce M. Rothschild, M.D.	Roy N. Morcos, M.D.
	Jose Lopez-Gonzalez, M.D.	Larry A. Woods, M.D.
	Jon Alan Molisky, D.O.	

The applications were approved and the applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the names are printed in the minutes of the September meeting that are mailed to all members, unless an objection is received in writing by the executive director before that effective date.

COMMUNICATIONS INCLUDED:

A letter from the city health department about changes in reportable categories of communicable diseases. The executive director was instructed to return the communication to the health department and ask for a clarification;

A communication concerning Seat Belt Law Liability when a physician issues to a patient a letter of waiver from seat belt use. Council recommended that every physician contact his insurance carrier concerning liability if he gives a patient a letter saying the patient is not physically able to use a seat belt and that patient is later in an accident.

Correspondence from OSMA relating to the Association's efforts to have AARP help identify and verify elderly needy who may qualify for assistance under the proposed Ohio Project Elderly Needy programs being instituted statewide;

Notice of dues in the amount of \$75 annually for fully retired physicians under age 70 who belong to AMA. These members will have all the rights and perquisites of regular members except they will only receive American Medical News free.

COMMITTEE REPORTS:

Dr. Memo reported his legislative liaison has resulted in continuing communications from various legislators with assurance from the local congressman that he can be contacted concerning any burning issue.

The medical-legal committee met with members of the Bar Association's committee to discuss problems between the two professions. A suggestion that there be a joint meeting of the Society and the Bar Association brought forth varied opinions but no resolution.

The Canfield Fair committee reported a very successful effort on the part of the Society and the other exhibitors in the Health & Medical Building. Special note was made of Dr. Frederick Resch's effort in obtaining physicians to man the exhibit as part of the "Ask The Physician" program at the fair.

The executive director presented a report of the American Association of Medical Society Executives Conference in Seattle. The report delineated the many areas of concern that are covered at the conference to enable the executives to better serve their societies.

Dr. J. A. Ruiz announced that Dr. Charles McGowen and Dr. D. J. Dallis are appointees to the nominating committee. Dr. Memo was not able to announce his appointees.

Under the unfinished business section of the meeting, the composite photo proposals from two local photographic studios were tabled and the executive director was instructed to seek other proposals.

Following serious discussion concerning the ramifications of a formal endorsement of the Physicians Health Plan IPA, a motion was made, seconded and passed to make no formal endorsement of the plan.

A request for funding for an Educational TV medical program was not approved. The Council noted that individual physicians are encouraged to support the program but the Society does not have funds for this type project.

Following a discussion of the need to be able to verify Category I CME credits, a motion was made, seconded and passed to request MASHEN to require hospitals to provide a printout of Category I credits to participating physicians on a regular basis.

Council agreed to formulate a resolution to OSMA seeking temporarily disabled parking stickers that can be issued by physicians to their patients.

An offer by a local supply house and a pharmaceutical representative to set up an in-office drug supply for a local physician came under discussion at the Council session. The ethics of the activity was not clear but it was noted that it is done by other medical care providers and that a physician can dispense drugs if he has a \$50 license from the State Pharmacy Board.

It was suggested that when one physician is covering for another that he only prescribe enough medication for the other physician's patients to last during the period of coverage. Several instances of patients using a covering physician to obtain large amounts of drugs were cited at the meeting.

Another discussion concerning the paging system that is used by the Medical Dental Bureau resulted in Council instructing the executive director to conduct a survey to determine how many physicians are having trouble with their pagers.

Tabled until the October meeting of Council were: A membership survey conducted by the OSMA communications department; a reorganization plan to dispense with standing committees and use ad hoc and special committees instead; a dues increase to cover the cost of meals at Society meetings.

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Nov. 13
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D. E. Pichette
K. H. Kuppler

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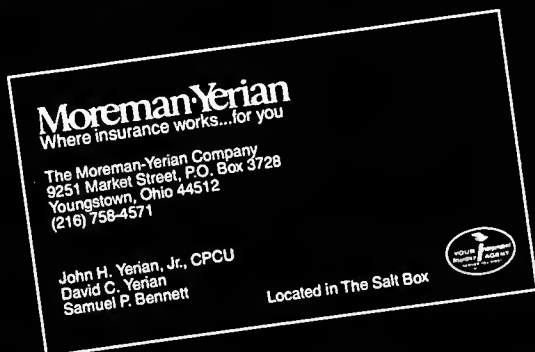
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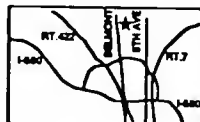
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ITEMS

From the Exec's Desk

ROBERT B. BLAKE, Executive Director

A special report in JAMA notes that a number of residents are serving in accredited graduate medical education programs without stipends.

A study showed that 157 residency programs sponsored by 115 institutions in the U.S. had 222 residents serving without a stipend. Of these, 129 were foreign medical school graduates, including 31 U.S. citizens. Also, 82 residents were reported to be receiving reduced salaries.

* * * * *

According to a recent report, medical students are relying more on loans to help pay for their educations. The average indebtedness of 1985 graduates totaled \$30,256, up 96% from the average reported in 1980.

Almost 10 percent of the 1985 graduates had debts topping \$50,000, and 305 graduates owed \$80,000 or more, according to the report.

* * * * *

Apparently life is not a bed of roses for HMOs. Despite increases in membership and revenues, six of 10 HMOs in southeastern Michigan reported declining profits or actual losses last year, according to Medical Economics. The Kansas City Business Journal says that Kansas City HMOs were losing 72 cents to 70 dollars a month on each enrollee at the end of 1985.

* * * * *

Did you know that:

210 Americans reach the age of 100 every week.

56,000 Americans past the age of 65 get married every year . . . 10,000 get divorced.

One out of six older persons has children aged 65 or older.

At the turn of the century the average male worker spent 3 percent of his life in retirement. Now, American workers spend 20 percent of their lives in retirement.

And . . . more than half of those persons 85 years and older report good health and no physical disabilities!

DR. GOLDBERG IS HONORED

Dr. Samuel D. Goldberg, family physician, was honored last month in Columbus for 50 years of medical practice and service to his patients and his community.

One of 11 awards given in Ohio during the Ohio Academy of Family Physicians annual meeting, the honor was announced at the assembly even though Dr. Goldberg was unable to attend.

Dr. Goldberg was the 1983 recipient of the Mahoning County Medical Society Doctor of the Year Award.

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From the Bulletin

FIFTY YEARS AGO — OCTOBER 1936

John McCann, Paul Harvey and Fred Coombs were doing post-graduate study in Boston. Bill Evans was leaving for a tour of South America.

J. J. Wasilko and Elinore Flynn were married. Paul and Ethel Mahar were back from their honeymoon trip on the Great Lakes. R. R. Morrall and June Geddes were married.

Luke Reed opened his office at 1920 Market Street and Craig Wales started practice at Belmont and Guadalupe.

A new medical building was completed at Market and Boston. Occupants were: B. E. McClenahan, Sears, Fred Middleton, Dick Middleton, Ray Hall, Oscar Axelson and Russ Rummell.

The Citizens Intelligence League was trying to interest the doctors in a new insurance plan for the payment of hospital expenses.

FORTY YEARS AGO — OCTOBER 1946

Golf Day was a great success. According to the *Bulletin*, "The price was high, the scores were high and so were many of the doctors."

New members of the Society were: E. E. Elder, R. V. Clifford, P. B. Giber, U. A. Melaragno, James D. Miller, S. W. Ondash, A. K. Phillips, C. E. Pichette, Jr., J. J. Sofranec, Jr., Oscar Turner, Nathan Belinky, Rollis Miller, Jr., Clyde Walter, Sidney Keyes, Robert Kiskaddon and Kenneth Camp. What an infusion of new blood!

Louis Deitchman died suddenly of coronary thrombosis. Edwin Brody left to study Dermatology at the New York Skin and Cancer Hospital, Captain Oscar Axelson was awarded the Bronze Star for meritorious service in France and Belgium.

Members voted to raise the dues from \$20.00 to \$35.00.

THIRTY YEARS AGO — OCTOBER 1956

President DeCicco wrote that no true American neglects his duty to exercise his opinion at the polls.

James Smeltzer finished a tour of active duty with the U.S. Navy and returned to private practice of Internal Medicine.

New members were: Robert Wiltsie, Bertram Katz and Irving Berke.

The Health Insurance Council stated that 110 million persons in the U.S.A. were covered by hospital insurance.

TWENTY YEARS AGO — OCTOBER 1966

Many of the members enjoyed a trip through the Open Hearth Blooming Mill and Hot Strip Mill of the Youngstown Sheet and Tube Company on October 27th.

Steve Ondash was elected President of the Ohio Chapter of the American College of Physicians. Dick Murray held a one-man show of his paintings in Nw York. Arthur Rappoport testified before a Senate Committee and later gave a paper on automation and computer use in laboratory pathology to the International Congress of Pathologists in Rome. Angelo Riberi addressed the South American Congress of Cardiovascular surgery at Caracas, Venezuela.

TEN YEARS AGO — OCTOBER 1976

It was time for the usual Fall program of flu vaccing to protect our patients for the coming Winter season, but this year there was a new flu on the agenda - - the so-called "Swine Flu". President Gerald Ford had been advised that the epidemic would probably spread to our country and he called for a nation-wide effort to produce and administer a vaccine to all

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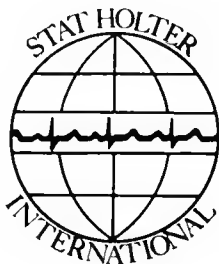
Rule Out the Cardiac Origin of
Neurologic Symptoms

Evaluate and Monitor Arrhythmia
and Ischemia

Evaluate Post Surgery Heart
Patients

Detection of Phantom Arrhythmias
Producing Transient Ischemic
Attacks

Documentation Severity of
Suspected Cardiac Arrhythmias



high-risk patients in the United States. A crash program had been instituted by several of the Pharmaceutical Houses, and now the vaccine was becoming available and was to be given in mass immunization programs as we had in the past with the Polio vaccine. Again, Dr. Kurt Wegner was called upon to organize and administer the program, and it was carried out at ten selected sites in the county on October 30 and 31st (Trick or Treat?) No one suspected then that there would be complications from the vaccine.

The ProCare Cardiac Rehabilitation Program was instituted by the Eastern Ohio Chapter of the American Heart Association in conjunction with the YMCA.

Dr. Ray Fenton, long time family practitioner, died at the age of 84. Dr. Fenton was President of the Mahoning County Medical Society in 1927 and succeeded Dr. Charles Scofield as County Health Commissioner in 1960.

New Associate-member that month was Dr. Anand G. Garg, M.D.

Robert R. Fisher, M.D.



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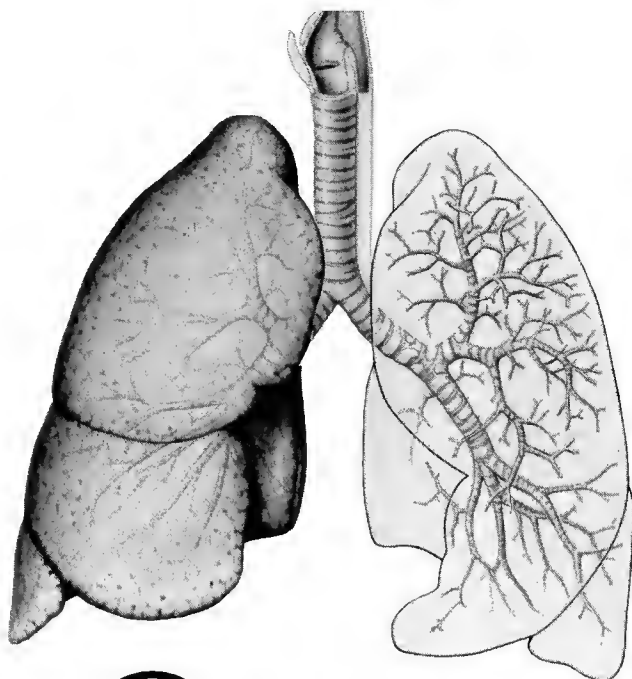
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Note: Ceclor[®] is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

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Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Contraindications: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of non-susceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

Abnormalities in laboratory results of uncertain etiology

- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children)
- Abnormal urinalysis; elevations in BUN or serum creatinine
- Positive direct Coombs' test
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinistix[®] tablets but not with Tes-tape[®] (glucose enzymatic test strip, Lilly) [060485LR]

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